2016 - 02 - 17 - 08 - 00050937

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NAME OF COMMITTEE (in	full)		Check if name changed)		ple:If typing, type the lines.	12FE4M		Ally
Target Rac	es Con	nmitte	e 	<u> </u>	 			
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ADDRESS (number a	nd street)	228 S. Wa	shington Street					
(Check if a		Suite 115	1111	11				
	-,	Alexandri CIT	a `Y▲	1 1 1		VA STATE ▲	22314	ZIP CODE A
COMMITTEE'S E-MA	AIL ADDRES	s						
☐ ◀ (Check if is changed		kdavis@	hdafec.com	1-1-1-		1 1 1 1 1		لتتبينا
		Optional S	Second E-Mail Ad	ddress				· · · · · · · 1
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COMMITTEE'S WEE	address	RESS (UR	iL)	1-1-1-		 		
2. DATE)2 16) (T	2016				· .	
3. FEC IDENTIFI	CATION NU	MBER ▶	C	-				
4. IS THIS STATE	MENT 🛛	NEW	(N) OR		AMENDED (A)			
I certify that I have	examined thi	is Stateme	nt and to the bes	st of my k	nowledge and belief i	it is true, corre	ct and comple	ete.
Type or Print Name	of Treasurer	Keit	h A. Davis	<u>. </u>	7			
Signature of Treasur	rer	Ket!	4 A.	Deg	<i>1i)</i>	Date	02 16	2016
NOTE: Submission of					ject the person signing			s of 2 U.S.C. §437g.
Office Use Only					For further information Federal Election Commiss Toll Free 800-424-9530 Local 202-694-1100			FORM 1 ed 06/2012)

Target Races Committee 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC NONE Mailing Address CITY STATE ZIP COI Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership	
Target Races Committee 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC NONE Mailing Address CITY STATE ZIP COL Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership 7. Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Keith A. Davis Full Name 228 S. Washington Street Mailing Address	e 3
Mailing Address Mailing Address CITY STATE ZIP COI Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative, or Leadership PAC NONE Mailing Address CITY STATE ZIP COI Relationship: Connected Organization Affiliated Committee Joint Fundraising Representative Leadership Custodian of Records: Identify by name, address (phone number optional) and position of the person in possession books and records. Keith A. Davis Full Name Mailing Address	
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Full Name 228 S. Washington Street Mailing Address	of committee
Full Name 228 S. Washington Street Mailing Address	
Mailing Address	
Suite 115 	
Alexandria VA 22314	
Title or Position CITY STATE ZIP COI	DE
Treasurer Telephone number Telephone number	7705
 Treasurer: List the name and address (phone number optional) of the treasurer of the committee; and the name and any designated agent (e.g., assistant treasurer). 	address of
Full Name Keith A. Davis of Treasurer	
Mailing Address 228 S. Washington Street	
Suite 115	
Alexandria VA 22314 CITY STATE ZIP COI	DE
Title or Position Treasurer Telephone number Telephone number	. 7705

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FEC Forn	1 (Revised 02/2009)		Page 4
Full Name of Designated	Lisa R. Lisker		
Agent	000 C Machinetes Ct - 1		
Mailing Address	228 S. Washington Street		
	Suite 115		
	Alexandria	VA L	22314
T0 . 5 6	CITY	STATE	ZIP CODE
Title or Position Assistant Treas	irer Telep	hone number 70	3 - 549 - 7705
	Depositories: List all banks or other depositories in which the xes or maintains funds. Depository, etc.	e committee deposits fu	unds, holds accounts, rents
	BB&T		
Mailing Address	1909 K Street NW		
		<u> </u>	
	Washington	L DC	20006
	CITY .	STATE	ZIP CODE
Name of Bank,	Depository, etc.		
Mailing Address			
-	CITY	STATE	ZIP CODE

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

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Banks or Other Depositor, safety deposit boxes or mai. Name of Bank, Depository,	intains funds.	•	lds accounts, rents
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Mailing Address			
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,	CITY 🗻	STATE 🕰	ZIP CODE 🛕
Name of Any Connected (Organization, Affiliated Committee, Joint Fundraising	g Representative, or Leade	[ADDITIONAL rship PAC Sponsor
Mailing Address			
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lationship:	CITY ≜	STATE	ZIP CODE 📤
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Connected Organization			
· ·			dership PAC Sponsor
Connected Organization Designated Agent			dership PAC Sponsor
Designated Agent Full Name			dership PAC Sponsor
Connected Organization Designated Agent Full Name			dership PAC Sponsor
Designated Agent Full Name Mailing Address	Affiliated Committee Joint Fundraising	Representative Lead	lership PAC Sponsor [ADDITIONAL]
Designated Agent Full Name Mailing Address	Affiliated Committee Joint Fundraising	Representative Lead	dership PAC Sponsor [ADDITIONAL]

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Overnight Delivery Service (Specify): Feb & Next Business D	Shipping Date 2/16/16 Day Delivery
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Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Other (Specify):	eipt or Postmarked
PREPARER	2/17/16 DATE PREPARED
(3/2015)	